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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400001	C	ITY OR TOWN	TAUNTON	1
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: TAUNTON SPORTS	S CLUB INC.			
DOING BUSINESS A				
ADDRESS 33 BAKER RD. WEST				
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: CABRAL, JOSE T. TYPE	OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAIL	L ADDRESS		-
DESCRIPTION OF LICENSED PREMISE	ES:			
ONE FRONT ENTRANCE, LOWER LEVENTRANCE TO DINING ROOM AND O				
I hereby certify and swear under penalties o	f perjury that:			
1. the renewed license will be of th	e same type for the sar	me premises now	licensed;	
2. the licensee has complied with a	ll laws of the Commor	nwealth relating to	taxes; and	
3. the premises are now open for bu	usiness (If not explain	below)		
SIGNED BY:				
Individual, Partner o	r Authorized Corporat	e Officer		
DATE: TELEPHONE	NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, attest that we are in	n possession (1) the co	ertificate require	ed by Chapte	er 304 of the
Acts of 2004, signed by the building insp	ector and the head of	f the fire departn	nent for the	above named
license and (2) the certificate of liquor lia	ability insurance requ	uired by Chaptei	r 116 of the A	Acts of 2010.
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		Ву:		
DISAPPROVED: (If disapproved explain)				
(II disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	a: 126400002		CITY OR TOW	N TAUNTON	N
APPLICATION FOR	R RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Park Pavilion L	LC			
DOING BUSINESS	A COLUMBIA	CULTURAL CENTER			
ADDRESS 775 JOH	N QUINCY ADA	AMS RD.			
CITY/TOWN: TAU	UNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: Boyle	e, James J	ГҮРЕ OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		R WEBSITE AND ENTER YOUR E MISES:	MAIL ADDRESS		_
I hereby certify and s	wear under penal	ties of perjury that:			
•	•	of the same type for the	e same premises no	ow licensed;	
2. the license	ee has complied v	with all laws of the Com	monwealth relatin	g to taxes; and	
3. the premis	ses are now open	for business (If not expl	ain below)		
SIGNED BY:	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signed	d by the building	are in possession (1) the inspector and the head or liability insurance in	d of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expla	 iin)				
· · · · · · · · · · · · · · · · · · ·	. ,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 126400003		CITY OR TOWN	TAUNTON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 445 BAY	A D.J'S	TS PUB INC.			
		CTATE. MA	ZID CODE.	02780	
CITY/TOWN: TAI		STATE: MA	ZIP CODE:	02780	
	TH, JEFFREY TY NALD	PE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
		VEBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF			CHEN ONE PROM	THE PARTY AND THE	
REAR DOORS BAS			CHEN, ONE FRON	T ENTRANCE, TWO	
2. the licens 3. the premi	see has complied with	f the same type for the h all laws of the Comn r business (If not expla	nonwealth relating to		
SIGNED BY:	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE.					
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	ain)				
(alsappio rea expi	/				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 126400004		CITY	OR TOWN	TAUNTON	V
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	: Benjamin's Restaurar	nt, Inc				
DOING BUSINESS	S A Benjamin's					
ADDRESS 698 BA	Y ST.					
CITY/TOWN: TA	UNTON	STATE: MA	ZII	P CODE:	02780	
	NJAMIN, TYPE .NE M.	OF LICENSE: Re	estaurant	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR F	MAIL ADDI	RESS		_
DESCRIPTION OF	LICENSED PREMISE	ES:				
EMERGENCY, 2 B	MENT, 1 EXIT, 1ST. F BARS, 1 PUBLIC, 1 PR AIRWAY TO ATTIC, 3	IVATE, 2ND. FL.	: 1 BAR,	, 3 STAIRW	AYS TO	EXIT, 5
I hereby certify and	swear under penalties o	f perjury that:				
1. the renev	wed license will be of the	e same type for the	e same pi	remises now	licensed;	
	see has complied with a			_	o taxes; and	
3. the prem	ises are now open for bu	usiness (If not exp	lain belo	w)		
SIGNED BY:	Individual, Partner o	r Authorized Corp	orate Of	ficer		
DATE:	TELEPHONE	NUMBER:	1)			FION NUMBER: Security Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp certificate of liquor lia	ector and the hea	d of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	loin)					
(If disapproved expl	iaiii)					
			-			
DATE:						



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LICENSE NUMB	ER: 126400005		CITY OR TOWN TAUNTO	N
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAM	E: HOMEPLATE I	PROPERTIES LLC		
DOING BUSINES	SS A HOMEPLATE	•		
ADDRESS 1094 I	BAY ST.			
CITY/TOWN: T.	AUNTON	STATE: MA	ZIP CODE: 02780	
	NDERSON JR., T OBERT E.	YPE OF LICENSE: Rest	caurant CATEGORY:	All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	<u> </u>
	F LICENSED PREM			
DINING ROOMS	IN BASEMENT, T XITS, STAIRWAY I	WO RESTROOMS, ON	KITCHEN ON 1ST. FL., BAR E REAR ENTRANCE, TWO ANDICAPPED ACCESS TO U	
I hereby certify an	d swear under penalt	ies of perjury that:		
1. the rene	ewed license will be	of the same type for the	same premises now licensed;	
	•		onwealth relating to taxes; and	
3. the pres	mises are now open f	for business (If not expla	in below)	
SIGNED BY:	Individual, Partı	ner or Authorized Corpor	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, sign	ned by the building	inspector and the head	certificate required by Chap of the fire department for the equired by Chapter 116 of the	e above named
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex	nloin)			
(11 disappioved ex	piani)			_
				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 126400006		CITY OR TOWN 1	AUNTON
APPLICATION	FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAM DOING BUSINI ADDRESS 314		TIZENS CLUB		
CITY/TOWN:	TAUNTON	STATE: MA	ZIP CODE:	02780
MANAGER: N	NASTRI, STEPHEN T	YPE OF LICENSE:Gen prer		EGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	IISES:		
TWO FRONT, T FOR STORAGE		ICES AND EXITS, 1ST	. FLOOR, TWO ROO	MS, BASEMENT
	remises are now open f	ith all laws of the Common for business (If not explanted and explanted are or Authorized Corporated Corporate	in below)	axes; and
DATE:	TELEPHO	ONE NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
Acts of 2004, si	gned by the building		of the fire departme	by Chapter 304 of the nt for the above named 16 of the Acts of 2010.
Please Check Below APPROVED: [DISAPPROVED (If disapproved e):		LOCAL LICENSIN By:	G AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400008		CITY OR TOWN	TAUNTON
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 316 BRO	A GAFF"S THIRD E			- 2- 11-
CITY/TOWN: TAU	JNTON	STATE: MA	ZIP CODE:	02780
MANAGER: GAF F.	FNEY, JAMES TYPI	E OF LICENSE:Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEI		IAIL ADDRESS	
ONE FRONT ENTR	LICENSED PREMISI RANCE, ONE SIDE E OOMS,BASEMENT F	XIT,ONE SERVING		8 SQ. FT.
	ee has complied with a ses are now open for b	ousiness (If not expla	in below)) taxes; and
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building insp	pector and the head	l of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1264	100012		CITY OR TOWN	TAUNTON	ſ
APPLICATION FOR REN	EWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: CAF	LOS DESA'				
DOING BUSINESS A DE	SA PKG STORE				
ADDRESS 27 EAST WAI	NUT STREET				
CITY/TOWN: TAUNTO	N STA	ATE: MA	ZIP CODE:	02780	
MANAGER: DESA, CA	RLOS TYPE OF L	ICENSE: Pack	cage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE ANI	D ENTER YOUR EM.	AIL ADDRESS		
DESCRIPTION OF LICEN					
27 EAST WALNUT STRE BASEMENT, 25X22 FLO			CE FOR CUSTOM	ERS, STORA	AGE IN
3. the premises are SIGNED BY:	complied with all laws now open for business	s (If not explain	n below)	taxes; and	
Indi	vidual, Partner or Auth	orized Corpor	rate Officer		
DATE:	TELEPHONE NUM	BER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	126400013		CITY OR TO	I AUNTOR	N
APPLICATION FOR F	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I DOING BUSINESS A	JOHN F. PARKER	GOLF COURSE			
ADDRESS 17 FISHER					
CITY/TOWN: TAUN	TON	STATE: MA	ZIP COD	E: 02780	
MANAGER: ALEGI	, GILBERT F.TYPE	OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIP PREMISE IS TWO ST FLOOR, FRONT AND	ORY WOOD FRAN		E. 2 ENTRANC	ES AND EXITS (ON 1ST.
2. the licensee	ear under penalties of license will be of the has complied with a sare now open for be	e same type for th ll laws of the Com	nmonwealth rela		
SIGNED BY:	Individual, Partner o	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT	
We the undersigned, Acts of 2004, signed b license and (2) the cer	y the building insp	ector and the hea	nd of the fire de	partment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 126400014		CITY OR TOWN	TAUNTON	1
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	WILLIAM J. DES.	A			
DOING BUSINESS A	A THE BILLYCLU	B CAFE			
ADDRESS 53 GROV	E				
CITY/TOWN: TAU	NTON	STATE: MA	ZIP CODE:	02780	
MANAGER:	TYI	PE OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:			
THREE ENTRANCE BUILDING.	S, TWO FACES G	ROVE STREET AN	ID THIRD FAC S TI	HE REAR OF	THE
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	d license will be of	the same type for the	e same premises now	licensed;	
2. the license	e has complied with	all laws of the Com	monwealth relating t	o taxes; and	
3. the premise	es are now open for	business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICAT	
			(Note: NOT Inc	iividuai Sociai S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
					



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C	ITY OR TOWN TAUNTON	
Annual	LICENSED FOR 20	13
CLASS		YEAR
T COUNTRY CLUB		
STATE: MA	ZIP CODE: 02780	
PE OF LICENSE: Club	CATEGORY:	All Alcohol
VEBSITE AND ENTER YOUR EMAI	IL ADDRESS	
ISES:		
s of perjury that:		
f the same type for the sa	me premises now licensed;	
h all laws of the Commo	nwealth relating to taxes; and	
r business (If not explain	below)	
	0.00	
er or Authorized Corpora	te Officer	
	EMDLOVED IDENTIFICAT	ION NUMBER.
NE NUMBER:		
	, <u> </u>	, , ,
spector and the head o	of the fire department for the	above named
	LOCAL LICENSING AUTHO	ORITY
	By:	
LICENSEES DURING THE MON	TH OF NOVEMBER (M.G.L. Ch. 138 \$ 16	(A)
	Annual CLASS T COUNTRY CLUB STATE: MA PE OF LICENSE: Club VEBSITE AND ENTER YOUR EMAIL ISES: XITS. 1ST. FL.: 7 ROO! OCKER ROOM, 2 RES' es of perjury that: If the same type for the sa th all laws of the Common or business (If not explain or or Authorized Corpora NE NUMBER: e in possession (1) the conspector and the head of the liability insurance requirements.	Annual CLCENSED FOR 20 CLASS T COUNTRY CLUB STATE: MA ZIP CODE: 02780 PE OF LICENSE: Club CATEGORY: VEBSITE AND ENTER YOUR EMAIL ADDRESS ISES: KITS. 1ST. FL.: 7 ROOMS, BAR & LOUNGE, KITCHOCKER ROOM, 2 RESTROOMS, 2ND FL: 3 ROOMS as of perjury that: If the same type for the same premises now licensed; the all laws of the Commonwealth relating to taxes; and rebusiness (If not explain below) TO Authorized Corporate Officer WE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social So



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 126400016		CITY OR TO	JWN TAUNTO	IN
APPLICATION FO	OR RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: TAUNTON LODGE	#150			
DOING BUSINES	S A B.P.O.E. OF THE U	J.S. OF AMER.			
ADDRESS 119 HI	GH ST.				
CITY/TOWN: TA	AUNTON	STATE: MA	ZIP COD	DE: 02780	
MANAGER: BR T.	OWN, ROBERT TYPE	OF LICENSE: Club)	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION O	F LICENSED PREMISE	S:			
	VOODEN FRAME, FIRS ROOMS, 3RD FL.: FOU				
I hereby certify and	l swear under penalties o	f perjury that:			
1. the rene	wed license will be of the	e same type for the s	same premise	s now licensed;	
2. the licer	nsee has complied with a	ll laws of the Comm	onwealth rela	ting to taxes; and	
3. the pren	nises are now open for bu	usiness (If not explain	in below)		
SIGNED BY:	Individual, Partner or	r Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMP	LOYER IDENTIFICA	TION NUMBER:
			(Note: <u>Note</u>	OT Individual Social S	Security Number)
Acts of 2004, sign	ned, attest that we are in ned by the building insp e certificate of liquor lia	ector and the head	of the fire do	epartment for the	e above named
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					
DAIL.					



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LICENSE NUMBER	C : 126400017		CHYO	RIOWN	TAUNTO	N
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	DAVID F. ADAM	AS POST #611 ATH	LETIC AS	SOC. INC		
DOING BUSINESS	A					
ADDRESS 82 INGE	ELL ST.					
CITY/TOWN: TAU	JNTON	STATE: MA	ZIP	CODE:	02780	
MANAGER: REII	LY, NATALIA TY	PE OF LICENSE: V	eterans clu	b C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRE	SS		_
DESCRIPTION OF	LICENSED PREM	ISES:				
		KTAIL LOUNGE, K NTRANCES, SEVEN				
I hereby certify and s	swear under penaltie	es of perjury that:				
1. the renew	red license will be of	f the same type for th	e same pre	mises nov	v licensed;	
2. the licens	ee has complied wit	th all laws of the Com	monwealt	h relating	to taxes; and	
3. the premi	ses are now open for	r business (If not exp	lain below	·)		
SIGNED BY:	Individual, Partne	er or Authorized Corp	orate Offi	cer		
DATE:	TELEPHO	NE NUMBER:	(Na			TION NUMBER:
			(140	ле. <u>1401</u> m	dividual Social S	Security Number)
Acts of 2004, signe	d by the building ir	re in possession (1) the respector and the hear r liability insurance	d of the f	ire depart	tment for the	above named
Please Check Below:			LOCA	L LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain						
(ii disappioved expli	,					
DATE:						
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF N	OVEMBER (1	M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	126400018		CITY OR TOW	I AUNTOR	N
APPLICATION FOR F	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I	LONE, INC.				
DOING BUSINESS A	THE LAFA	YETTE			
ADDRESS 18 LAKEV	TEW AVE.				
CITY/TOWN: TAUN	TON	STATE: MA	ZIP CODE:	02780	
MANAGER: MART	IN, LORI	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PR	REMISES:			
		SEMENT, FIRST FLOOF FRONT ENTRANCE			ΓRANCE,
I hereby certify and swe	ear under per	nalties of perjury that:			
1. the renewed	license will	be of the same type for th	e same premises n	ow licensed;	
2. the licensee	has complied	d with all laws of the Com	monwealth relatir	ig to taxes; and	
3. the premises	s are now ope	en for business (If not exp	lain below)		
SIGNED BY:					
]	Individual, P	artner or Authorized Corp	orate Officer		
DATE:	TELEF	PHONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned,	attest that w	ve are in possession (1) tl	he certificate req	uired by Chapt	er 304 of the
		ng inspector and the hea quor liability insurance			
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)				
DATE.					
DATE:					



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LICENSE NUM	BEK: 126400020		CITY OR TOWN TAUNTON
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NAM	ME: HOLY GHOS	T SOCIETY INC. OF E.	TAUNTON
DOING BUSINE	ESS A		
ADDRESS 545 1	MIDDLEBORO AV	Æ.	
CITY/TOWN:	TAUNTON	STATE: MA	ZIP CODE: 02718
	PITTSLEY, DONNA M.	TYPE OF LICENSE: Clul	b CATEGORY: All Alcohol
EMAIL ADDRE	SS:		
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTION	OF LICENSED PR	EMISES:	
3 ENTRANCES, RESTROOMS.	, HALL, KITCHE, I	BAR AREA, COAT ROOM	M, OFFICE, STORAGE AREA AND
I hereby certify a	nd swear under pen	alties of perjury that:	
1. the re	newed license will b	be of the same type for the	same premises now licensed;
2. the lie	ensee has complied	with all laws of the Comm	nonwealth relating to taxes; and
3. the pr	remises are now ope	n for business (If not expla	in below)
SIGNED BY:			
	Individual, Pa	artner or Authorized Corpo	rate Officer
DATE:	TELEP:	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, sig	gned by the buildin	ng inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above named equired by Chapter 116 of the Acts of 2010.
Please Check Below	<u>:</u>		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVED			
(If disapproved e	xpiain)		
DATE:			
APPLICATION FOR R	ENEWAL MUST BE FILEI	BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 126400021		CITY OR TOW	N TAUNTON	N .
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Soap and Suds, Inc	2			
DOING BUSINESS	A Royal Restaurant				
ADDRESS 71 Broad	dway				
CITY/TOWN: TAI	UNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: Fran	co, Stephanie TY	PE OF LICENSE:Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
		SEMENT FOR STOR. , TWO REAR EXITS,			ING
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	the same type for the	same premises no	ow licensed;	
2. the licens	ee has complied with	n all laws of the Comm	nonwealth relatin	g to taxes; and	
3. the premi	ses are now open for	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	ecurity Number)
We the undersigne	d, attest that we are	e in possession (1) the	e certificate requ	ired by Chapt	er 304 of the
		spector and the head			
ncense and (2) the	certificate of fiquor	liability insurance re	equired by Chaj	pter 116 of the	ACTS OF 2010.
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	 ain)				
(ii disupproved expi	·····/				
DATE:					



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LICENSE NUMBER	R: 126400023		CITY OR TOWN	1 TAUNTON	N
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	OV'S RESTAUR	ANT			
DOING BUSINESS	A				
ADDRESS 34 OLD	COLONY AVE.				
CITY/TOWN: TAU	JNTON	STATE: MA	ZIP CODE:	02780	
	ARIAN, TY VANNES	YPE OF LICENSE:R	estaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
		NCE, TWO REAR E DMS. OUTSIDE PA		E ROOM WIT	H BAR,
I hereby certify and s	swear under penaltie	es of perjury that:			
1. the renew	ed license will be o	f the same type for th	e same premises nov	w licensed;	
2. the licens	ee has complied wit	th all laws of the Con	nmonwealth relating	to taxes; and	
3. the premi	ses are now open fo	or business (If not exp	olain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
			(Note: NOT II	ndividual Social S	ecurity Number)
We the undersigne	d, attest that we ar	re in possession (1) t	he certificate requi	red by Chapte	er 304 of the
Acts of 2004, signe	d by the building in	nspector and the hea	ad of the fire depar	tment for the	above named
license and (2) the	certificate of liquo	r liability insurance	required by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	аш <i>)</i>				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER ((M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400024	l	CITY OR TOWN	AUNION
APPLICATION FOR RENEWA	L: Annual	LICENSE	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ATLANTI DOING BUSINESS A ATLANT ADDRESS 10 PLAIN			
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE:	02780
MANAGER: MEDAS,NANCY	TYPE OF LICENSE: Re	estaurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:	SIT OUR WEBSITE AND ENTER YOUR E	CMAIL ADDRESS	
1 MAIN ENTRANCE, ONE REAROOM, LADIES LOUNGE, KIT	AR ENTRANCE FOR DELI		TRANCE, MAIN
2. the licensee has compl	ill be of the same type for the lied with all laws of the Com open for business (If not expl	monwealth relating to ta	
SIGNED BY: Individual.	, Partner or Authorized Corp	orate Officer	
DATE: TEL	EPHONE NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
We the undersigned, attest that Acts of 2004, signed by the buillicense and (2) the certificate of	lding inspector and the hea	d of the fire departme	ent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN By:	IG AUTHORITY
DATE:			



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LICENSE NUMBER	R: 126400027		CITY OR TOWN	TAUNTON	1
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
DOING BUSINESS		Inc			
ADDRESS 44/47 TA		CT ATT	ZID CODE	02700	
CITY/TOWN: TAU		STATE: MA	ZIP CODE:	02780	
MANAGER: Tave	ra, Osvaldo TYPE	OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES	S:			
	TH A KITCHEN, REST DNSISTING OF STORA				
I hereby certify and s	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	e same type for th	e same premises now	licensed;	
2. the licens	ee has complied with al	l laws of the Com	monwealth relating t	o taxes; and	
3. the premi	ses are now open for bu	siness (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE 1	NUMBER:			ION NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building inspe certificate of liquor lia	ector and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY LICE	NSEES DURING THE I	MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400028		CITY OR TOWN	TAUNTON	ſ
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: TAUNTON PO	RTUGUESE-AM. CIVIO	C CLUB, INC.		
DOING BUSINESS A				
ADDRESS 175 SCHOOL				
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: ARRUDA, JOHN	ΓΥΡΕ OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRE 2 STORY BLDGBASMENT, 3 ROO ONE ENTRANCE, 3 EXITS, LARGE	OMS, KITCHEN AND B		S. SECOND	FL.:
I hereby certify and swear under penal				
1. the renewed license will be		same premises now	licensed;	
2. the licensee has complied v	with all laws of the Comm	nonwealth relating to	taxes; and	
3. the premises are now open	for business (If not expla	in below)		
SIGNED BY: Individual, Part	tner or Authorized Corpo	rate Officer		
DATE: TELEPH	ONE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
		(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu	inspector and the head	of the fire departr	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 126400029		CITY OR TO	WN TAUNTOR	N
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: LEGEND SPOR	RTS BAR, INC.			
DOING BUSINESS	S A J L BOOMER	ANGZ			
ADDRESS 016-18	TRESCOTT STRE	EET			
CITY/TOWN: TA	UNTON	STATE: MA	ZIP CODE	E: 02780	
MANAGER: LON EDV	MBARDI, T WARD M. JR.	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRE	MISES:			
ENTRANCE IN RE	EAR, BAR AND L	IN ENTRANCE IN FR OUNGE LOCATED ON FABLES & CHAIRS) 21	N FIRST FLOO	R/SEATING CA	PACITY
I hereby certify and	swear under penal	ties of perjury that:			
1. the renev	wed license will be	of the same type for the	same premises	now licensed;	
2. the licens	see has complied w	vith all laws of the Comr	nonwealth relati	ing to taxes; and	
3. the prem	ises are now open	for business (If not expla	ain below)		
SIGNED BY:	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICAT $f T$ Individual Social S	
Acts of 2004, signe	ed by the building	are in possession (1) the inspector and the head or liability insurance r	d of the fire dep	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	iaiii <i>)</i>				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1264000.	30	CITY OR TOWN TAUNIC	JIN .
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: 1 CARNADOING BUSINESS A FUSION ADDRESS 17 SCHOOL ST.			
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE: 02780	
MANAGER: LUU, LISA	TYPE OF LICENSE: Res		: All Alcohol
EMAIL ADDRESS:	VISIT OUR WEBSITE AND ENTER YOUR EM		
DESCRIPTION OF LICENSEI SINGLE LEVEL BLOCK BLD HANDICAP, ONE EXIT IN RI	G, 3 FRONT DOORS, ONE U	SED BY PUBLIC ACCESSIB	LE TO
2. the licensee has com	will be of the same type for the plied with all laws of the Comn open for business (If not explanation)	nonwealth relating to taxes; and	
SIGNED BY: Individua	al, Partner or Authorized Corpo	rate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest th Acts of 2004, signed by the bu license and (2) the certificate	ilding inspector and the head	of the fire department for th	e above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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LICENSE NUMBER:	126400031		CITY	OR TOWN	TAUNTON	N
APPLICATION FOR	RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	B&DW, INC					
DOING BUSINESS A	Y PUB 76					
ADDRESS 76 WEIR	STREET					
CITY/TOWN: TAU	NTON	STATE: MA	ZI	P CODE:	02780	
MANAGER: WILB	UR, ARTHUR TYP	'E OF LICENSE: Re	estaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:	-	-				
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADD	RESS		_
DESCRIPTION OF L						
ONE FRONT AND O ROOMS, DINING RO RESTROOMS. HAND	OOM, BAR, KITCH	IEN. LARGE AREA	A FOR S			
I hereby certify and sv	vear under penalties	of perjury that:				
1. the renewe	d license will be of t	he same type for the	e same p	remises nov	v licensed;	
2. the licensee	e has complied with	all laws of the Com	monwea	lth relating	to taxes; and	
3. the premise	es are now open for l	business (If not exp	lain belo	ow)		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Of	ficer		
DATE:	TELEPHONI	E NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building ins	pector and the hea	d of the	fire depar	tment for the	above named
Please Check Below:			LOC	CAL LICEN	SING AUTH	ORITY
APPROVED:	\neg		By:			
DISAPPROVED: (If disapproved explain	 n)					
(ii disupproved explai	·- <i>,</i>					
DATE:						
APPLICATION FOR RENEWA	AL MUST BE FILED BY LI	CENSEES DURING THE N	MONTH OF	NOVEMBER (M.G.L. Ch. 138 \$ 16	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400033	(CITY OR TOWN	TAUNTON
APPLICATION FOR RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR
LICENSEE NAME: WEILSI CORI DOING BUSINESS A HOLIDAY II ADDRESS 700 MYLES STANDISH	PORATION, INC.		YEAR
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE:	02780
MANAGER: DINIZ, EUGENE	TYPE OF LICENSE: Innh	older CA	ATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT O DESCRIPTION OF LICENSED PRE SEVEN STORY HOTEL TOWER, I GUEST ROOMS ON THE SIX UPP	LOBBY, LOUNGE, OFFIC	CES ON THE GRO	
I hereby certify and swear under pena 1. the renewed license will be 2. the licensee has complied 3. the premises are now open	e of the same type for the s with all laws of the Commo	onwealth relating to	
SIGNED BY: Individual, Par	rtner or Authorized Corpor	ate Officer	
DATE: TELEPH	HONE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liquid the cert	g inspector and the head	of the fire departn	nent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12640	0035	CITY OR TOWN	TAUNTON
APPLICATION FOR RENE	WAL: Annu	ual LICEN	ISED FOR 2013
	CLA	SS	YEAR
LICENSEE NAME: MAN	UEL SOARES IV		
DOING BUSINESS A THE	UGLY DUCKLING ERS	TAURANT AND BAR	
ADDRESS 47 WEIR ST.			
CITY/TOWN: TAUNTON	STATE:	MA ZIP CODE:	02780
MANAGER: IV, MANUE SOARES	L TYPE OF LICEN	SE:Innholder C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	LSO VISIT OUR WEBSITE AND ENTEI	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
TWO ENTRANCES-ONE C STORAGE IN THREE STO LANE.			
I hereby certify and swear un	der penalties of perjury that	t:	
1. the renewed licen	se will be of the same type	for the same premises now	licensed;
2. the licensee has co	omplied with all laws of th	e Commonwealth relating t	to taxes; and
3. the premises are r	now open for business (If n	ot explain below)	
SIGNED BY:	dual, Partner or Authorized	l Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the license and (2) the certifica	building inspector and t	ne head of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	126400037		CITY OR TOWN	TAUNTON
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	STEVE'S BACKS	ΓAGE PASS INC.		
DOING BUSINESS A				
ADDRESS 15 SCHOO	L STREET			
CITY/TOWN: TAUN	TON	STATE: MA	ZIP CODE:	02780
MANAGER: TOLI,	STEPHEN TYP	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMIS	SES:		
ONE ROOM WITH B.	AR, STORAGE RI	EST ROOMS. FOU	JR EXITS AND FOU	R ENTRANCES.
I hereby certify and swe	ear under penalties	of perjury that:		
1. the renewed	license will be of	the same type for th	ne same premises now	licensed;
2. the licensee	has complied with	all laws of the Con	nmonwealth relating to	taxes; and
3. the premises	s are now open for	business (If not exp	olain below)	
SIGNED BY:				
	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER	DENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
11 7 (1 1 1 1 1	44 441 4	• (4)	1 /•p• / •	11 (7) 4 204 64
				ed by Chapter 304 of the nent for the above named
				r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:]		-	
(If disapproved explain	.)			
DATE				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 126400040		CITY OR TO	WN TAUNTOR	N
APPLICATION FOI	R RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Baha Bros. Pub	& Rest. Inc			
DOING BUSINESS	A Baha Bros. San	dbar Grill			
ADDRESS 64 WEII	R STREET				
CITY/TOWN: TAU	UNTON	STATE: MA	ZIP COD	E: 02780	
MANAGER: Hebe	ert, Peter J III T	YPE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
		X.5,300 SQ. FT., DINII EXPANDING FOR A			FULL
I hereby certify and s	swear under penalti	es of perjury that:			
1. the renew	ved license will be	of the same type for the	e same premises	now licensed;	
2. the licens	ee has complied w	ith all laws of the Com	monwealth relat	ting to taxes; and	
3. the premi	ses are now open f	or business (If not expl	lain below)		
SIGNED BY:					
	Individual, Partr	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPL	OYER IDENTIFICAT	TION NUMBER:
			(Note: <u>NO</u>	T Individual Social S	Security Number)
We the undersione	d attest that we a	re in possession (1) th	ne certificate re	anired by Chant	er 304 of the
Acts of 2004, signed	d by the building	inspector and the hea	d of the fire de	partment for the	above named
license and (2) the	certificate of liquo	or liability insurance	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)		-		
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 126400042		CITY OR TOWN	TAUNTON
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: WEIR ASSOCIA	TES, INC.		
DOING BUSI	NESS A MCGRATH'S C	CAFE		
ADDRESS 12	5-27 WEST WATER			
CITY/TOWN:	TAUNTON	STATE: MA	ZIP CODE:	02780
MANAGER:	MGR., ARTHUR TY	PE OF LICENSE:	estaurant C	ATEGORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
ENTRANCE O	S-ONE CONTAINING ON WEST WATER ST. I IN REAR-FLOOR SPA	N FRONT, REAR E		
I hereby certify	and swear under penaltic	es of perjury that:		
1. the	renewed license will be o	f the same type for th	ne same premises now	licensed;
2. the	licensee has complied wi	th all laws of the Cor	nmonwealth relating t	o taxes; and
3. the	premises are now open for	or business (If not exp	olain below)	
SIGNED BY:		er or Authorized Cor	porate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the building i	nspector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiain)		-	
DATE:				



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LICENSE NUN	MBER: 126400044		CITY OR TOWN TA	AUNTON
APPLICATION	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: BRISTOL SP	ORTS ZONE INC.		
DOING BUSIN	NESS A BRISTOL S	PORTS ZONE		
ADDRESS 260	WEST WATER ST	•		
CITY/TOWN:	TAUNTON	STATE: MA	ZIP CODE: 02	2780
MANAGER:	DASILVA, ANTONIO M.	TYPE OF LICENSE:Re	estaurant CATE	GORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PR			
1 STORY BLD RESTROOMS.		NTRANCES, TWO ROO	MS AND KITCHEN, TH	IREE
I hereby certify	and swear under pen	alties of perjury that:		
1. the 1	renewed license will	be of the same type for the	e same premises now lice	nsed;
2. the l	licensee has complied	l with all laws of the Com	nmonwealth relating to tax	xes; and
3. the 1	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY:				
	Individual, Pa	artner or Authorized Corp	orate Officer	
D + MD				
DATE:	TELEP	PHONE NUMBER:		ENTIFICATION NUMBER: nal Social Security Number)
			(Note: NOT marvidu	iai Sociai Security Number)
			he certificate required by	
			nd of the fire department required by Chapter 11	
, ,		quoi maamij maarunee		
Please Check Belo APPROVED:	iw.		LOCAL LICENSING By:	3 AUTHORITY
DISAPPROVE	ED:		Бу.	
(If disapproved	explain)			
DATE:				
	DENEWAL MITET DE EU E	D BV I ICENSEES DIDING THE	MONTH OF NOVEMBER (M.G.L.	Ch 138 \$ 16A)
ALFLICATION FUR	KENEWAL MUST DE FILEI	A D I FICENSEES DOKING THE I	VIOLATE OF TAO A EMIDER (IM.O.L.	CII. 130 \$ 10A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 126400045		CITY OR TO	OWN TAUNTO	JN
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	IOANNIS KARAG	GEORGOS			
DOING BUSINESS	A NEW WEIR PIZ	ZA & RESTAURAN	IT		
ADDRESS 047-49 V	WEST WATER STR	REET			
CITY/TOWN: TAI	JNTON	STATE: MA	ZIP COD	DE: 02780	
MANAGER: KAR ANN		PE OF LICENSE:Re	staurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
	OOR BAR ROOM A	INDOOR SEATING AREA/ APPLICATION ED PLANS.			
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renew	ed license will be of	the same type for the	same premise	s now licensed;	
2. the licens	ee has complied with	n all laws of the Com	monwealth rela	ating to taxes; and	d
3. the premi	ses are now open for	business (If not expl	ain below)		
SIGNED BY:	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:			EMD	LOVED IDENTIFIC	ATIONAUMDED
	TELEPHON	NE NUMBER:		LOYER IDENTIFIC <u>OT</u> Individual Socia	
***			4.00	. 11 61	204 64
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the hea liability insurance	d of the fire d	epartment for t	ne above named
Please Check Below:			LOCAL LI	CENSING AUT	HORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl					
(11 disappioved expi	am)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400046		CITY OR TOWN	1 TAUNTON	N
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PIONEER FLYING	G CLUB, INC.			
DOING BUSINESS	A				
ADDRESS 330 WH	ITTENTON				
CITY/TOWN: TAU	JNTON	STATE: N	ZIP CODE:	02780	
MANAGER: CAL L	LAHAN, Debra TYI	PE OF LICENSE	:Restaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDRESS		_
	LICENSED PREMIS				
	RANCES AND TWO		NCES.		
	swear under penalties				
		• 1	the same premises no		
	-		ommonwealth relating	to taxes; and	
3. the premi	ses are now open for	business (If not e	explain below)		
SIGNED BY:	Individual, Partner	or Authorized C	ornorata Officar		
	marviduai, i artiici	of Authorized C	orporate Officer		
DATE:			EN IDI OVI		TOWN AND COEFE
DATE.	TELEPHON	E NUMBER:		ER IDENTIFICAT ndividual Social S	
			(******* <u>*****</u> 1	irai viadar Boeiar B	recurry (values)
) the certificate requi		
			head of the fire depar ce required by Chapt		
Please Check Below:	1	,			
APPROVED:			LOCAL LICEN	ISING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400049	(CITY OR TOWN TAUNTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: TAUNTON TAV DOING BUSINESS A WARD FIVE A ADDRESS 29 WINTER STREET			
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE: 02780	
MANAGER: BARBOSA, REINALDO	YPE OF LICENSE: Resta	aurant CATEGORY: All Alcoho	1
EMAIL ADDRESS:			
	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM			
MAIN ENTRANCE, FOUR ENTRANCE STREET.	CES, ONE ON WINTER	R STREET THREE ON CHERRY	
2. the licensee has complied with 3. the premises are now open for SIGNED BY: Individual, Partner		in below)	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the building in	nspector and the head	certificate required by Chapter 304 of the of the fire department for the above name quired by Chapter 116 of the Acts of 2010	ed
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	26400053		CITY OR TOWN	TAUNTON	
APPLICATION FOR RI	ENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR	
LICENSEE NAME: G DOING BUSINESS A 1 ADDRESS 336 WINTH	MAY VILLA REST	CAURANT			
CITY/TOWN: TAUNT	ON	STATE: MA	ZIP CODE:	02780	
MANAGER: MAY M SOO	IAY SOO TYPE	OF LICENSE: Res	staurant Ca	ATEGORY: All Alcohol	l
EMAIL ADDRESS:					
	SE ALSO VISIT OUR WEBS		MAIL ADDRESS		
DESCRIPTION OF LIC ONE FRONT ENTRAN IN BACK WITH ENTR	CE, DINING AREA	A WITH TABLES	, BOOTHS AND C	OUNTER KITCHEN	
3. the premises a SIGNED BY:	as complied with al are now open for bu	siness (If not expla		o taxes; and	
DATE:	TELEPHONE :	NUMBER:		R IDENTIFICATION NUMBER:	
Acts of 2004, signed by	the building inspe	ector and the head	l of the fire departi	ed by Chapter 304 of the ment for the above name r 116 of the Acts of 2010.	d
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400	054	CITY OR TOWN TAUNTON	
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR 201	13
	CLASS	<u> </u>	YEAR
LICENSEE NAME: FRANI	K'S GOOD TIME INC.		
DOING BUSINESS A FRAN	NK TEIXERA		
ADDRESS 381 WINTHROP	ST.		
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE: 02780	
MANAGER: TEIXEIRA, F	RANK TYPE OF LICENSE:R	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
15 BAR STOOLS, WALK-IN	COOLER, CELLAR.		
I hereby certify and swear und	ler penalties of perjury that:		
1. the renewed licens	e will be of the same type for th	e same premises now licensed;	
2. the licensee has co	mplied with all laws of the Con	nmonwealth relating to taxes; and	
3. the premises are no	ow open for business (If not exp	plain below)	
SIGNED BY:			
	lual, Partner or Authorized Corp	oorate Officer	
DATE:		EMPLOYER IDENTIFICATION	ON NUMBER:
]	TELEPHONE NUMBER:	(Note: NOT Individual Social Sec	
			, , , , , , , , , , , , , , , , , , , ,
		he certificate required by Chapte	
		ad of the fire department for the a required by Chapter 116 of the A	
	e of inquor nability insurance	required by Chapter 110 of the A	icts of 2010.
Please Check Below:		LOCAL LICENSING AUTHO	RITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
D . 1005			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 126400055		CITY OR TOWN	TAUNTON
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	AMF BOWLING O A AMF TAUNTON NTHROP ST.	•		
CITY/TOWN: TAI	UNTON	STATE: MA	ZIP CODE:	02780
MANAGER: PAC A.	HECO, ALEX TYPE	PE OF LICENSE:	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS	
	LICENSED PREMISUNGE, SW CORNE		O FRONT ENTRANC	CES/EXITS, ONE ON
EACH SIDE.				
	ises are now open for Individual, Partner	business (If not ex		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building ins	spector and the he	ad of the fire departı	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	126400056		CITY OR TOWN	TAUNTON
APPLICATION FOR	RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A				
ADDRESS 599 WIN	ΓHROP ST.			
CITY/TOWN: TAU	NTON	STATE: MA	ZIP CODE:	02780
MANAGER: SANF J.	T, WILLIAM TYP	PE OF LICENSE: Res	staurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF L				
1 FRONT ENTRANC				
I hereby certify and sv	-		sama mamisas navyli	inamand.
		* *	same premises now li	
	•	business (If not expla	nonwealth relating to	taxes, and
3. the premise	es are now open for	business (if not expir	in ociow)	
SIGNED BY:				
SIGNED B1.	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:
			(Note: NOT Indiv	ridual Social Security Number)
Acts of 2004, signed	by the building ins	pector and the head	l of the fire departm	l by Chapter 304 of the ent for the above named 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENSII	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explai	n)		-	
DATE:				
DAIE.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	126400057		CITYORI	OWN	IAUNIO	N
APPLICATION FOR	RENEWAL:	Annual	1	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	SHUFFLE, INC.					
DOING BUSINESS A	CURLEY'S PUB					
ADDRESS 431 WINT	ΓHROP STREET					
CITY/TOWN: TAU	NTON	STATE: MA	ZIP CO	DE:	02780	
MANAGER: CURL MARI	EY, TYPE	OF LICENSE: Res	staurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS			_
DESCRIPTION OF L	ICENSED PREMISE	ES:				
TWO STORY REST.	WITH ONE ENTRA	NCES, ONE ON T	HE SIDE/			
I hereby certify and sw	vear under penalties o	f perjury that:				
1. the renewe	d license will be of th	e same type for the	same premis	es now	licensed;	
2. the licensee	e has complied with a	ll laws of the Comr	nonwealth re	lating to	taxes; and	
3. the premise	es are now open for b	usiness (If not expla	ain below)			
SIGNED BY:						
	Individual, Partner o	r Authorized Corpo	orate Officer			
DATE:	TELEPHONE	NUMBER:	EM	PLOYER	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEET HOTE	TOWELL.	(Note: <u>I</u>	NOT Ind	ividual Social S	Security Number)
We the undersigned, Acts of 2004, signed						
license and (2) the ce						
Please Check Below:			LOCALI	ICENS	ING AUTH	OPITV
APPROVED:			By:	ACLIND	ING ACTIO	OKITI
DISAPPROVED:			Dy.			
(If disapproved explai	n)		-			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	.26400059		CITY OR TOWN	TAUNTON	1
APPLICATION FOR R	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ROYAL LIQUOR CO	O., INC.			
DOING BUSINESS A	REGAL FOOD MA	RT			
ADDRESS 356 BAY S	\mathbf{T}				
CITY/TOWN: TAUN	TON	STATE: M	A ZIP CODE:	02780	
MANAGER: LE, VU	I TYPE	OF LICENSE:	Package Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOU	TR EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISE	S:			
80X50 ONE STORY B DOORIN BACK OF B		RANCE ON FI	RONT OF BLDG. ANI	O A DELIVE	RY
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for	the same premises now	licensed;	
2. the licensee	has complied with al	l laws of the Co	ommonwealth relating t	to taxes; and	
3. the premises	s are now open for bu	siness (If not e	xplain below)		
SIGNED BY:					
I	Individual, Partner or	Authorized Co	orporate Officer		
DATE:	TELEPHONE 1	NUMBER:			TION NUMBER:
			(Note: NOI Inc	aividuai Sociai S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:]		By:		
(If disapproved explain))				
(ii disapproved explain,	,				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12640	00060	C	ITY OR TOWN	TAUNTON	1
APPLICATION FOR RENI	EWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: APEX DOING BUSINESS A AND ADDRESS 802 BAY ST		ET			
CITY/TOWN: TAUNTON	N STA	ATE: MA	ZIP CODE:	02780	
MANAGER: SINGH, MANINDE		ICENSE:Packa	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	LSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL	L ADDRESS		_
DESCRIPTION OF LICEN	SED PREMISES:				
ONE STORY BLDG. WITI	H FRONT, REAR AN	D SIDE ENTR	ANCES.		
I hereby certify and swear un	nder penalties of perju	ry that:			
1. the renewed licer	nse will be of the same	type for the sa	me premises now	licensed;	
2. the licensee has o	complied with all laws	of the Common	nwealth relating to	taxes: and	
	now open for business		_	, unio	
3. the premises are	now open for outsiness	(ii not enplum	<i>361311)</i>		
SIGNED BY:	idual, Partner or Auth	orized Corporat	e Officer		
DATE:	TELEPHONE NUM	BER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126	5400061		CITY OR TO	WN TAUNTON	N
APPLICATION FOR RE	NEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: KU DOING BUSINESS A T					
ADDRESS 239 BROAD	WAY				
CITY/TOWN: TAUNTO	ON	STATE: MA	ZIP CODE	E: 02780	
MANAGER: PATEL,K	USHAL S. TYPE (OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS DESCRIPTION OF LICE	E ALSO VISIT OUR WEBSII ENSED PREMISES		MAIL ADDRESS		
2. the licensee ha	eunder penalties of pense will be of the s complied with all re now open for bus	same type for the laws of the Com	monwealth relati		
SIGNED BY:	lividual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	IUMBER:		OYER IDENTIFICAT $oldsymbol{\Gamma}$ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12640	0063	CITY OR TOWN TAUNIC	JIN .
APPLICATION FOR RENE	EWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
DESCRIPTION OF LICENS 2 FRONT ENTRANCES & I hereby certify and swear ur 1. the renewed licen 2. the licensee has c	STATE: MAN TYPE OF LICENSE: I LSO VISIT OUR WEBSITE AND ENTER YOUR SED PREMISES: TWO SIDE EXITS, ONE STO Inder penalties of perjury that: Use will be of the same type for to complied with all laws of the Co	Package Store CATEGORY R EMAIL ADDRESS RY CONCRETE BLDG. the same premises now licensed; mmonwealth relating to taxes; and	: All Alcohol
SIGNED BY:	now open for business (If not exidual, Partner or Authorized Con		
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	126400064		CITY OR TOWN	TAUNTON	1
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	FORTUNE FLA	VOR,INC.			
DOING BUSINESS A	EGAN'S				
ADDRESS 48 COHA	NNET STREET				
CITY/TOWN: TAU	NTON	STATE: MA	ZIP CODE:	02780	
MANAGER: CHING CHEN	G TY G,TING	YPE OF LICENSE: F	Package Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	ISES:			
ONE STORY BLDG. ENTRANCES AND E			T FLOOR, FRONT A	ND REAR	
	es are now open fo	or business (If not ex		taxes; and	
DATE:	TELEPHO	NE NUMBER:	BER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 126400065		CITY OR TOWN TAUN	ION
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
DOING BUSI	AME: OWENS R F			
ADDRESS 53	4 COUNTY ST			
CITY/TOWN:	TAUNTON	STATE: MA	ZIP CODE: 02780	
MANAGER:	TRUCCHI, WILLIAM M	TYPE OF LICENSE:Pa	ackage Store CATEGOR	RY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
PART OF FIR	ST FLOOR, ONE RO	OOM, ONE STORAGE R	OOM, ONE FLOOR.	
	premises are now op	en for business (If not exp		nd
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 126400066		CITY OR TOWN	TAUNTON	1
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ZIAD IBRAHIM, INC.				
DOING BUSINESS	A JOE'S GAS				
ADDRESS 245 CA	PE HIGHWAY				
CITY/TOWN: TA	UNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: IBRAG.	AHIM, JOSEPG TYPE C	F LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES:				
	TWO REAR ENTRANC OR FOR STORAGE.	ES, ONE ROOM	I FOR SALES, BAS	MENT AND	REAR
3. the premi	see has complied with all lises are now open for busi		•	taxes; and	
SIGNED BY:	Individual, Partner or A	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1264000	57	CITY OR TOWN	TAUNTON
APPLICATION FOR RENEW	AL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: AMARO DOING BUSINESS A THE A	VENUE WINE & SPIRITS		
ADDRESS 480 MIDDLEBOR			
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE:	02780
MANAGER:	TYPE OF LICENSE:Pa	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI LAND AND BUILDINGS LOC STORY BUILDING APPROXI	CATED AT 480 MIDDLEBO	RO RD. FIRST FLOO	OR OF A TWO
I hereby certify and swear under	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	e same premises now	licensed;
2. the licensee has com	plied with all laws of the Com	nmonwealth relating to	taxes; and
3. the premises are now	v open for business (If not exp	lain below)	
SIGNED BY: Individua	al, Partner or Authorized Corp	oorate Officer	
DATE: TE	ELEPHONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	26400069		CITY OR TOWN	TAUNTON	
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: P	PIERRE IBRAHIM	I,INC			
DOING BUSINESS A	PETE'S MART				
ADDRESS 370 COUN	TY STREET				
CITY/TOWN: TAUN	TON	STATE: MA	ZIP CODE:	02780	
MANAGER: IBRAH	IM, PETE TYP	PE OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMIS	SES:			
FIRST FLOOR, MAIN AND EXITS.	ROOM, TWO RO	OOMS, REAR ROO	M FOR STORAGE,	TWO ENTR	ANCES
3. the premises SIGNED BY:	are now open for	business (If not expl	·	o taxes; and	
Ι	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	 		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	26400070		CITY OR TOWN	TAUNTON	1
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: L	OMBA CORPORA	TION			
DOING BUSINESS A	STAN'S VARIETY				
ADDRESS 651 SOME	RSET AVE				
CITY/TOWN: TAUN	ΓΟΝ	STATE: MA	ZIP CODE:	02780	
MANAGER: LOMBA	A, KENNETHTYPE	OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISE	S:			
1200 S/F COMMERCIA SIDE ENTRANCE/EXI		RE ONE LEVEL S	STRUCTURE W/ O	NE MAIN A	ND ONE
	are now open for bu		nonwealth relating to	taxes; and	
I	ndividual, Partner or	Authorized Corpo	orate Officer		
DATE: TELEPHONE		NUMBER:			TION NUMBER:
Please Check Below:			(Note: <u>NOT</u> Ind		
APPROVED:			By:	ING AUTIN	OKIT I
DISAPPROVED:			,		
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400071		CITY OR TOWN	TAUNTON	
APPLICATION FOR RENEWAL	: Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: EVA MAR	A SWAMI CORPORATIO	N		
DOING BUSINESS A TREMON	T LIQUORS			
ADDRESS 43 TREMONT STRE	ET			
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: PACHANI, JIGNESH K	TYPE OF LICENSE:P	ackage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSED I	PREMISES:			
ONE STORY BUILDING WITH STORAGE AREAS	I ONE ENTRANCE TWO	REAR DELIVERY .	TWO REAR	
SIGNED BY:	pen for business (If not exp			
DATE: TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 126400073		C	ITY OR TOWN	TAUNTON	1
APPLICATION FO	Annu	Annual LICENSED FO			013	
		CLAS	SS			YEAR
LICENSEE NAME	: LEAHYS LIQU	OR STORE INC				
DOING BUSINESS	S A					
ADDRESS 16 WAS	SHINGTON ST					
CITY/TOWN: TA	UNTON	STATE:	MA	ZIP CODE:	02780	
MANAGER: CHI	IESA, JAMES L T	TYPE OF LICENS	SE:Packa	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:		-			
2. the licen	S.	MISES: ties of perjury that of the same type is with all laws of the	t: for the san	me premises now		
SIGNED BY:	Individual, Part	ner or Authorized	Corporat	e Officer		
DATE:	TELEPHO	ONE NUMBER:				TION NUMBER: eccurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 1264000/5		CITY OR TOWN TAUNTO	IN
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI	AME: TWO FAMI NESS A OOAK STREET	ILIES, INC		
CITY/TOWN:	: TAUNTON	STATE: MA	ZIP CODE: 02780	
MANAGER:	HASHEM, ROKEYA	TYPE OF LICENSE:P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
	premises are now op	ed with all laws of the Con pen for business (If not exp Partner or Authorized Corp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 126400076		CITY OR TOWN	TAUNTON	I		
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013				
		CLASS			YEAR		
LICENSEE NAME: DOING BUSINESS ADDRESS 46 CHER	A	HICHARIA, INC.					
CITY/TOWN: TAU		STATE: MA	ZIP CODE:	02780			
MANAGER: FREI				ATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:							
:	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS				
	LICENSED PREMIS						
	ON CHERRY ST. MA wear under penalties		, CELLAR FO R STO	ORAGE.			
2. the license	ed license will be of the has complied with sees are now open for be	all laws of the Com	monwealth relating to				
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer				
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)		
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	iin)		LOCAL LICENS By:	ING AUTHO	ORITY		
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1264	00077		CI	TY OR TOW	N TAUNTO	N	
APPLICATION FOR REN	PLICATION FOR RENEWAL: Ar			LICENSED FOR 2013			
		CLAS	SS			YEAR	
LICENSEE NAME: L.A.I DOING BUSINESS A VA							
ADDRESS 280 WINTHRO	P STREET						
CITY/TOWN: TAUNTON	1 .	STATE:	MA	ZIP CODE:	02780		
MANAGER: ARGREW,	LEO C TYPE O	F LICENS	SE:Packag	ge Store	CATEGORY	All Alcohol	
EMAIL ADDRESS:							
PLEASE A	ALSO VISIT OUR WEBSITE	E AND ENTER	YOUR EMAIL	ADDRESS			
DESCRIPTION OF LICEN	SED PREMISES:						
ONE FLOOR, TWO ROOM ENTRANCE, REAR AND		LES, BAS	SEMENT :	FOR STORA	AGE, ONE FRO	ONT	
I hereby certify and swear u	nder penalties of p	erjury tha	t:				
1. the renewed lice:	nse will be of the s	ame type	for the san	ne premises n	ow licensed;		
2. the licensee has	complied with all 1	aws of the	Common	wealth relatir	g to taxes; and		
3. the premises are	now open for busin	ness (If no	t explain	below)			
SIGNED BY:	vidual, Partner or A	uithorized	Corporate	e Officer			
marv	radui, raither of 7.	iumonzea	Corporati	Connect			
DATE:	TELEPHONE N	UMBER:		EMPLO	YER IDENTIFICA	TION NUMBER:	
	12221101,21,	01/12/210		(Note: NOT	Individual Social	Security Number)	
Please Check Below:			I	OCAL LICE	INSING AUTH	IORITY	
APPROVED:				3y:			
DISAPPROVED:				- , ,			
(If disapproved explain)							
						<u></u>	
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	26400078		CITY OR TOWN	TAUNTON	1
APPLICATION FOR R	Annual	al LICENSED FOR 2013			
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A ADDRESS 306 WINTE	SMART STOP				
CITY/TOWN: TAUN		STATE: MA	ZIP CODE:	02780	
MANAGER: Patel, St	unil TYPE O	F LICENSE:Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	ASE ALSO VISIT OUR WEBSITE				
2. the licensee l	BUILDING; FOUR EN	erjury that: ame type for the aws of the Comr	same premises now	licensed;	E FEET
SIGNED BY:	ndividual, Partner or A	uthorized Corpo	orate Officer		
DATE:	TELEPHONE N	JMBER:	EMPLOYEF (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400080		CITY OR TOWN	TAUNTON	1
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	ISED FOR 20)13 YEAR
	SOUSA & LEE, INC A OFF BROADWAY NTON GREEN	C.			ILAK
CITY/TOWN: TAU	JNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: SOU	SA, JOHN J. JR.TYPE	E OF LICENSE:Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
19 TAUNTON GRE	LICENSED PREMISE EN, FRONT & REAR LOOR, BASEMENT	ENTRANCES &			
 the renew the license 	wear under penalties of ed license will be of the ee has complied with a ses are now open for b	ne same type for the	monwealth relating		
SIGNED BY:	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in I by the building insp certificate of liquor li	ector and the hea	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1264000	81	CITY OR TOWN	TAUNTON	
APPLICATION FOR RENEW	AL: Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: K & C R	ETAIL INC.			
DOING BUSINESS A COUN	TY LIQUORS			
ADDRESS 539 COUNTY ST				
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: GLOEKLER, F J.	KURT TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	<u></u>	
DESCRIPTION OF LICENSE	D PREMISES:			
ONE STORY TO CONSIST C EMPLOYEE WASH ROOM, I		the state of the s	OFFICE AND	
	nplied with all laws of the Com w open for business (If not exp	=	o taxes; and	
Individu	al, Partner or Authorized Corp	orate Officer		
DATE: TI	DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social			
Please Check Below: APPROVED:		LOCAL LICENS By:	ING AUTHORITY	
DISAPPROVED: [] (If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400083		CITY OR TOWN	TAUNTON	1
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: DRT, INC.				
DOING BUSINESS A HOME PLATI	E COMPACT STORE			
ADDRESS 224 MIDDLEBORO AVE				
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: PATEL, PIYUSH T	TYPE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	MISES:			
TWO STORY BLDG., BASMENT US ENTRANCE, REAR EXIT.	SED FOR STORAGE O	F STOCK, 1ST. FL	. HAS FRON	NT.
2. the licensee has complied w 3. the premises are now open to significantly significant		in below)	o taxes; and	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 126400084		CITY OR TOWN TAUNTON				
APPLICATIO	N FOR RENEWAI	L: Annual	Annual LICENSED FOR 2013				
		CLASS		YEAR			
DOING BUSI	AME: MERCADO NESS A 3 SOMERSET AV						
CITY/TOWN:	TAUNTON	STATE: MA	ZIP CODE: 02780				
MANAGER:	CORDEIRO, EDUARDO	TYPE OF LICENSE:Pa	ackage Store CATEGORY:	: Wine and Malt Regular			
EMAIL ADDR	RESS:						
	PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS				
DESCRIPTION	N OF LICENSED I	PREMISES:					
	ROOM & TWO SI O FRONT EXITS.	MALL ROOMS ON FIRST	FLOOR ONE SIDE EXIT ON F	TIRST			
	premises are now o	ppen for business (If not exp					
DATE:	TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	IORITY			
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 126400086		CITY OR TOWN TAUNTO	N
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSIN	AME: THOMAS, MICINESS A CLASSIC PIZZ RECOUNTY STREET			
CITY/TOWN:		STATE: MA	ZIP CODE: 02780	
MANAGER:		YPE OF LICENSE: Res		Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	IISES:		
			ES LOCATED ON THE FIRST ENT/EXIT IN BASEMENT FOR	
SIGNED BY:	premises are now open for	er or Authorized Corpo	·	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building i	nspector and the head	e certificate required by Chap I of the fire department for the equired by Chapter 116 of the	e above named
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED: DISAPPROVE (If disapproved)			Ву:	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400088		CITY OR TO	WN TAUNTO	N
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	RUSSELL E.	SIMONDS AN MADELY	YN A. SIMOND	os.	
DOING BUSINESS	A SIMON SA	Y'S			
ADDRESS 94 1/2 L	AWTON STRE	ET			
CITY/TOWN: TAI	UNTON	STATE: MA	ZIP CODE	E: 02780	
	ONDS, DELYN A.	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
		NDICAP ENTRANCE AN NDICAP RESTROOMS.	D 5 EXITS ON	CORNER LOT	MALE
SIGNED BY:		en for business (If not explanation or Authorized Corpo			
DATE:	TELEP	PHONE NUMBER:		OYER IDENTIFICA Γ Individual Social S	
Acts of 2004, signe	d by the buildi	re are in possession (1) th ng inspector and the head quor liability insurance r	d of the fire dep	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	ain)				
(ii disuppioved expir	<i>)</i>		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400089	(CITY OR TOWN	TAUNTON	1
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: CLUBE CAB DOING BUSINESS A CLUBE EST		ES INC.		
ADDRESS 88 WALES STREET				
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: PAIVA, DIANE	TYPE OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT DESCRIPTION OF LICENSED PR	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS		
ONE STORY BLDG., MEN'S ROC AREAS, DANCE FLOOR, KITCHI ENTRANCES/EXITS ON EITHER	EN MAIN ENTRANCE/EXI SIDE OF BLDG. IN KITCI	T IN FRONT CE	NTER, OTH	
2. the licensee has complied	be of the same type for the sa d with all laws of the Common en for business (If not explain	nwealth relating to		
SIGNED BY: Individual, Pa	artner or Authorized Corpora	te Officer		
DATE: TELEP	PHONE NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of license and (3) the certificate of license and (3) the certificate of license and (4) the certificate of license and (4) the certificate of license and (5) the certificate of license and (6) the certificate of license and (6	ng inspector and the head o	of the fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 126400091		CITY (OR TOWN	TAUNTON	1
APPLICATION	N FOR RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NA	ME: ITALIAN NATU	JRALIZATION CI	LUB, INC. C	F TAUNTO	ON	
DOING BUSIN	IESS A					
ADDRESS 46	WALES STREET					
CITY/TOWN:	TAUNTON	STATE: N	1A ZII	P CODE:	02780	
	DESROSIERS, T LAURENT J	YPE OF LICENSE	:Club	C	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDR	ESS		-
	N OF LICENSED PREM					
	WOOD FRAME BLDO OF ONE ROOM AND					
I hereby certify	and swear under penalt	ies of perjury that:				
1. the r	renewed license will be	of the same type for	the same pr	emises now	licensed;	
2. the 1	icensee has complied w	ith all laws of the C	Commonweal	th relating to	o taxes; and	
3. the p	premises are now open f	or business (If not o	explain belov	w)		
CICNED DV.						
SIGNED BY:	Individual, Partr	ner or Authorized C	orporate Off	icer		
DATE:	TELEPHO	ONE NUMBER:	(1)			TON NUMBER: ecurity Number)
Acts of 2004, s	signed, attest that we a signed by the building o the certificate of liquo	inspector and the	head of the	fire departi	ment for the	above named
Acts of 2004, s license and (2)	signed by the building the certificate of liquo	inspector and the	head of the ce required	fire departi by Chapte	ment for the	above named Acts of 2010.
Acts of 2004, s license and (2) Please Check Below APPROVED:	signed by the building the certificate of liquo w:	inspector and the	head of the ce required	fire departi by Chapte	ment for the r 116 of the	above named Acts of 2010.
Acts of 2004, s license and (2) Please Check Below APPROVED: DISAPPROVE	signed by the building the certificate of liquow: D:	inspector and the	head of the sace required	fire departi by Chapte	ment for the r 116 of the	above named Acts of 2010.
Acts of 2004, s license and (2) Please Check Below APPROVED:	signed by the building the certificate of liquow: D:	inspector and the	head of the sace required	fire departi by Chapte	ment for the r 116 of the	above named Acts of 2010.
Acts of 2004, s license and (2) Please Check Below APPROVED: DISAPPROVE	signed by the building the certificate of liquow: D:	inspector and the	head of the sace required	fire departi by Chapte	ment for the r 116 of the	above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	SER: 126400092		CITY OR TOWN	TAUNTON
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: BERTUCCI'S R	ESTAURANT CORP.		
DOING BUSINES	SS A BERTUCCI'S	BRICK OVEN PIZZE	RIA	
ADDRESS 2 GAI	LLERIA MALL DRI	VE		
CITY/TOWN: T	AUNTON	STATE: MA	ZIP CODE:	02780
	DDIN-ALVES, T ABIO J	CYPE OF LICENSE: Re	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	MAIL ADDRESS	
DESCRIPTION C	OF LICENSED PRE	MISES:		
		G WITH BAR PREMIS BAR/CELLAR. ONE		
I hereby certify an	nd swear under penal	ties of perjury that:		
1. the ren	ewed license will be	of the same type for the	e same premises now	licensed;
2. the lice	ensee has complied w	vith all laws of the Com	monwealth relating to	o taxes; and
3. the pre	mises are now open	for business (If not exp	lain below)	
SIGNED BY:		A .1 1.0	. O.C.	
	Individual, Part	ner or Authorized Corp	orate Officer	
DATE:	TELEDIA	ONE NUMBER.	EMPI OYFI	R IDENTIFICATION NUMBER:
	ICLEPH	ONE NUMBER:		lividual Social Security Number)
_			_	ed by Chapter 304 of the ment for the above named
	-	_	_	r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	aplain)		-	
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400093		CITY OR TOWN	TAUNTON	V
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BELLA ROMA	A, INC.			
DOING BUSINESS	A				
ADDRESS 239 BRO	DADWAY				
CITY/TOWN: TAU	UNTON	STATE: MA	ZIP CODE:	02780	
	MOND, HELLE	TYPE OF LICENSE:R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
3600 SQ. FT. KTICI DOOR, 2 BACK DO		NG ROOM, LADIES R BLDG.	OOM AND MEN'S F	ROOM, 1 FR	ONT
2. the licens	ee has complied v ses are now open	e of the same type for the with all laws of the Comfor business (If not expented the conformal of the confor	nmonwealth relating to		
DATE:	TELEPH	IONE NUMBER:			FION NUMBER:
Acts of 2004, signed	d by the building	are in possession (1) the graph inspector and the head or liability insurance	ad of the fire departi	ment for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: Land (If disapproved explain)	ain)				
assapprovoa expir	/				
D. A. TIE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400095		CITY OR TOWN	TAUNTON	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	3
	CLASS		YI	EAR
LICENSEE NAME: TAUNTON	EAGLES SOCCER CLUB, 1	INC.		
DOING BUSINESS A				
ADDRESS 29 OAK STREET				
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: BORGES, LOUIS A	A. TYPE OF LICENSE: Club	CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PR				
TWO ROOMS, FIRST LEVEL; ON SECOND LEVEL; FUNCTION HA			EA, RESTROO	MS.
I hereby certify and swear under per	nalties of perjury that:			
1. the renewed license will	be of the same type for the s	ame premises now	licensed;	
2. the licensee has complie	d with all laws of the Commo	onwealth relating to	o taxes; and	
3. the premises are now op-	en for business (If not explai	n below)		
SIGNED BY:				
Individual, P	Partner or Authorized Corpor	ate Officer		
D 4 000				
DATE: TELEI	PHONE NUMBER:		R IDENTIFICATION	
		(Note: NOT Ind	lividual Social Secu	irity Number)
We the undersigned, attest that v				
Acts of 2004, signed by the buildi license and (2) the certificate of li				
Please Check Below:		LOCAL LICENS		
APPROVED:		By:	11011011	
DISAPPROVED:		J .		
(If disapproved explain)				
DATE				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	126400096		CITY OR TO	WN TAUNTO	N
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	TGI Friday's, Inc				
DOING BUSINESS A	A TGI Friday's				
ADDRESS 239 BRO	ADWAY				
CITY/TOWN: TAU	NTON	STATE: MA	ZIP CODI	E: 02780	
MANAGER: WRICE	GHT, THOMASTYP	E OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WE		MAIL ADDRESS		
DESCRIPTION OF L			D MENIG BOOK	MG ONE EDON	TROOP
3600 SQ FT KITCHE TWO BACK DOORS			D MENS ROOF	MS. ONE FRON	r Door,
	, 				
I hereby certify and sv		- £			
	d license will be of the	1 0 0	same nremises	now licensed:	
	e has complied with	* *	-		
	es are now open for b				
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEDITON.		EMDI	OYER IDENTIFICA	TION NUMBER
DITTE.	TELEPHONI	E NUMBER:		$oldsymbol{T}$ Individual Social S	
					204 84
We the undersigned Acts of 2004, signed	•	•			
license and (2) the co			_		
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	11)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	126400098		CI	IY OR IO	WIN	TAUNTO	N
APPLICATION FOR	RENEWAL:	Annual		LI	CEN	SED FOR 2	013
		CLASS					YEAR
LICENSEE NAME: DOING BUSINESS A	A	L CLUB OF TAU	NTON	,INC.			
ADDRESS 2 COLUM					_		
CITY/TOWN: TAU	NTON	STATE: M	A	ZIP COD	E:	02780	
MANAGER: GEBE	ELEIN, PAUL TY	PE OF LICENSE:	Club		C	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
DESCRIPTION OF L ONE STORY BLDG. RESTROOMS, STOR	ICENSED PREM	BASEMENT. 1ST	. FL. IS	S A MEETI			
	es are now open fo	h all laws of the Cor business (If not e	xplain l	below)	.ing to	o taxes; and	
DATE	individual, i artic	r or radionized ex	протик				
DATE:	TELEPHO	NE NUMBER:					FION NUMBER: Security Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	nspector and the h	ead of	the fire de	parti	ment for the	above named
Please Check Below:			I	LOCAL LIC	CENS	SING AUTH	ORITY
APPROVED: DISAPPROVED:			I	Зу:			
(If disapproved explain	 n)						
*			-				
DATE:			-				
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING TH	E MONT	H OF NOVEMI	3ER (M	1.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400107		CITY OR TOWN TAU	NTON
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	99 WEST, LLC	C		
DOING BUSINESS	A 99 RESTAU	RANTS-PUB		
ADDRESS DEAN S	ST & ROUTE 10	4		
CITY/TOWN: TAU	UNTON	STATE: MA	ZIP CODE: 0278	00
	RVELS, NIEL J.	TYPE OF LICENSE: Rest	caurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF				
		DING 32 SEATS AT A BA E ROOMS, OFFICE AND		
2. the licens	ee has complied ses are now oper	e of the same type for the s with all laws of the Comm n for business (If not explain extraction of Authorized Corporation)	onwealth relating to taxes; in below)	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENT	IFICATION NUMBER:
Acts of 2004, signe	d by the buildin	e are in possession (1) the g inspector and the head uor liability insurance re	of the fire department fo	or the above named
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved explain	 ain)			
(ii disappioved expl	u111 <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	126400108		CITY OR TOW	N TAUNTON	N
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HONG KONG CI	TY LTD.			
DOING BUSINESS A	A HONG KONG	CITY			
ADDRESS 174 BROA	ADWAY				
CITY/TOWN: TAU	NTON	STATE: MA	ZIP CODE:	02780	
MANAGER: PAN,	FEI TY	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L		VEBSITE AND ENTER YOUR E ISES:	EMAIL ADDRESS		_
I hereby certify and sv	vear under penaltie	es of perjury that:			
1. the renewe	d license will be of	f the same type for the	e same premises n	ow licensed;	
2. the licenses	e has complied wit	h all laws of the Com	monwealth relatin	g to taxes; and	
3. the premise	es are now open fo	r business (If not exp	lain below)		
SIGNED BY:	Individual, Partne	er or Authorized Corp	orate Officer		
		·			
DATE:	TELEPHO	NE NUMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the hea	d of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	\neg		By:		
DISAPPROVED: (If disapproved explain	 n)				
(12 disapproved explain	 /				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	126400112		CITY OR TO	OWN TAUNTOR	N
APPLICATION FOR I	RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 1 DOING BUSINESS A ADDRESS 246 TREM	OAKLAND				
CITY/TOWN: TAUN		STATE: M.	A ZIP COD	DE: 02780	
MANAGER: PATEL		TYPE OF LICENSE:		CATEGORY:	All Alcohol
EMAIL ADDRESS:		OUR WEBSITE AND ENTER YOU	<u> </u>	CATEGORY.	All Alcohol
DESCRIPTION OF LI ONE RETAIL ENTRA ROOM FOR SALES, I	NCE IN FRO	ONT OF STORE. BAC	KDOOR FOR DI	ELIVERIES. FRO	NT
2. the licensee 3. the premises SIGNED BY:	has complied s are now open	with all laws of the Conformation for business (If not experience) and the conformation of the conformatio	ommonwealth rela		
	inor (radar, ra	ruici of Hautorizea eo	iporate officer		
DATE:	TELEP	HONE NUMBER:		LOYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIGHT	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	5400113		CITY OR TOWN	TAUNTON	I
APPLICATION FOR RE	NEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DA	YALI INC,				
DOING BUSINESS A V	VEIR FRUIT				
ADDRESS 515 WEIR ST	ГКЕЕТ				
CITY/TOWN: TAUNT	ON ST	ΓATE: MA	ZIP CODE:	02780	
MANAGER: PATEL JAYEND		LICENSE: Pac	cage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISES:				
ONE FLOOR, MAIN ROFOR STORAGE AND F		O BACK ROC	OMS, ONE FOR OF	FICE AND (ONE
3. the premises a SIGNED BY:	re now open for busine	ess (If not expla	in below)		
Inc	dividual, Partner or Au	tnorized Corpo	rate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	126400118		CITY OR TOV	VN TAUNTOI	N
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1 CASWE	Λ	A, INC.			
CITY/TOWN: TAU		STATE: MA	ZIP CODE	: 02718	
MANAGER: CAM				CATEGORY:	All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR		CATEGORY.	
2. the license	d license will be of e has complied with	of perjury that: the same type for the all laws of the Con- business (If not exp	nmonwealth relation		
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	IE NUMBER:		YER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the hea	ad of the fire dep	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400119		CITY OR TOWN	TAUNTON	1	
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:	BOBBY'S PLACE,	CORP.				
DOING BUSINESS	A BOBBY'S PLACE					
ADDRESS 060-62 \	WEIR STREET					
CITY/TOWN: TAU	JNTON	STATE: M	ZIP CODE:	02780		
MANAGER: ASA	CK, DENISE A. TYPI	E OF LICENSE	General on Copremise	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YO	UR EMAIL ADDRESS			
	LICENSED PREMISI	ES:				
OUTSIDE BAR						
•	swear under penalties of					
	ved license will be of the		=			
	ee has complied with a		_	to taxes; and		
3. the premi	ses are now open for b	usiness (If not e	explain below)			
SIGNED BY:	Individual Doutson	on Authorized C	omonata Officer			
	Individual, Partner of	n Aumonzeu Co	orporate Officer			
DATE:			EMPLOYE	ED IDENTIFICAT	CION NI IMPER.	
DATE.	TELEPHONE	NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			`		, , , , , , , , , , , , , , , , , , , ,	
	d, attest that we are i					
	d by the building insp certificate of liquor li					
Please Check Below:			LOCAL LICEN	SING AUTHO	ODITV	
APPROVED:			By:	SING AUTIN	OKIT I	
DISAPPROVED:			29.			
(If disapproved explain	ain)		-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 126400120		CITY OR TOWN	TAUNTON	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAMI	E: UR OF TAUN	NTON MA, LLC.			
DOING BUSINES	S A UNO CHIC	AGO GRILL			
ADDRESS 904 CO	OUNTY STREET				
CITY/TOWN: TA	AUNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: FA	RRINGTON, NATHON	TYPE OF LICENSE:R	estaurant C.	ATEGORY: All Alcoh	nol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O					
		WICH EN COMPASSE IC RESTROOMS. TOT			
SIGNED BY:	Individual, Pa	artner or Authorized Corp	porate Officer		
DATE:					
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBI lividual Social Security Numb	
Acts of 2004, sign	ned by the buildin	e are in possession (1) t ng inspector and the hea quor liability insurance	ad of the fire depart	ment for the above nam	ned
Please Check Below:	_		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	olain)				
· · · · · · · · · · · · · · · · · · ·	; ···/				
DATE:					
DATE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C : 126400121		CITY OR TOWN	IAUNION	(
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1 MOZZ CITY/TOWN: TAU	A SMOKEY BONE CONE BLVD.	d, Inc S BAR AND FIRE G STATE: MA	RILL #7592 ZIP CODE:	02780	
		PE OF LICENSE: Resi			All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		EBSITE AND ENTER YOUR EM	AIL ADDRESS		
2. the licens	red license will be of ee has complied with	of perjury that: the same type for the all laws of the Comm business (If not expla	onwealth relating to		
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Acts of 2004, signed	d by the building ins	in possession (1) the spector and the head liability insurance re	of the fire departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS: By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400122		CITY OR TOWN	TAUNTON	1
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GMRI, INC				
DOING BUSINESS	A THE OLIVE G	ARDEN ITALIAN R	ESTAURANT		
ADDRESS MOZZO	NE BLVD.				
CITY/TOWN: TAU	JNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: WIL	SON, CORY T	YPE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS		_
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be	of the same type for th	e same premises now	licensed;	
2. the license	ee has complied wi	ith all laws of the Con	nmonwealth relating t	o taxes; and	
3. the premi	ses are now open for	or business (If not exp	lain below)		
SIGNED BY:	Individual, Partn	ner or Authorized Corp	porate Officer		
DATE:	TELEPHO	ONE NUMBER:			TION NUMBER:
Acts of 2004, signed	d by the building i	re in possession (1) t inspector and the hea or liability insurance	ad of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain)	uin)				
(ii disupproved expire	••••				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY	Y LICENSEES DURING THE	MONTH OF NOVEMBER (N	1.G.L. Ch. 138 \$ 10	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400123		CITY OR TOWN TAI	UNTON
APPLICATION FO	R RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	RUBY TUESDA	Y INC.		
DOING BUSINESS	A RUBY TUESDA	AY		
ADDRESS NORTH	WOODS CROSSIN	NG		
CITY/TOWN: TAI	UNTON	STATE: MA	ZIP CODE: 02°	780
MANAGER: PAR STE		YPE OF LICENSE: Rest	aurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:				
		WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF				
ONE STORY BRIC FOYER, ENTRANC		H BAR, KITCHEN, ST	ORAGE ROOM, DINI	NG AREAS,
SIGNED BY:		or business (If not explain		
DATE:	TELEPHO	NE NUMBER:		NTIFICATION NUMBER: 1 Social Security Number)
Acts of 2004, signe	d by the building in	nspector and the head	certificate required by of the fire department quired by Chapter 116	for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl	 ain)			
(11 disapproved expir	······)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 126400124		CITY OR TOWN	TAUNTON	N .
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 983 CO	S A PIZZA DEPOT				
CITY/TOWN: TA	UNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: GIA	TIS,MARIANN TYI	PE OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
 the reneval. the licen 	swear under penalties wed license will be of see has complied with iises are now open for	the same type for the all laws of the Comm	nonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the head	l of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400125		CITY OR TOWN	TAUNTON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ILHIA BRAVA, IN	C.		
DOING BUSINESS	A T.J.'S DINER			
ADDRESS 4 ALGE	R STREET			
CITY/TOWN: TAU	JNTON	STATE: MA	ZIP CODE:	02780
MANAGER: PIRE DUL	CENEIA TYP	E OF LICENSE:Re	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
	ONE STORY RESTA			NCE AND ONE SIDE
	ee has complied with ses are now open for be Individual, Partner	ousiness (If not exp	lain below)	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the building ins	pector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved explain	ain)			
(Grouppio (od onpie	,			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	126400126		CITY OR TOWN	TAUNTON	1
APPLICATION FOR 1	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	JAMUNA INC.				
DOING BUSINESS A	STAR FOOD M.	ART			
ADDRESS					
CITY/TOWN: TAUN	ITON	STATE: MA	ZIP CODE:	02780	
MANAGER: RASEI MOHA	L, TY	PE OF LICENSE:P	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTION OF LI	CENSED PREMI	SES:			
ONE RM. WITH STO AND EXIT IN REAR		BASEMENT STO	RAGE ENTRANCE F	ROM PLAIN	VST.
3. the premise SIGNED BY:	s are now open for	n all laws of the Corbusiness (If not ex		o taxes; and	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	26400128	(CITY OR TOWN T	AUNTON
APPLICATION FOR R	RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BELLA ROMA,INC.			
DOING BUSINESS A	BELLA ROMA			
ADDRESS 239 BROA	DWAY			
CITY/TOWN: TAUN	TON STA	ATE: MA	ZIP CODE: 0	2780
MANAGER: DIAMO LLE	OND,MICHE TYPE OF L	ICENSE: Resta	nurant CATI	EGORY: All Alcohol
EMAIL ADDRESS:				
PLE	CASE ALSO VISIT OUR WEBSITE ANI	ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LI				
	EN AND DINING ROOM OORS ONE STORY BLI		OM AND MEN'S RO	OM,ONE FRONT
2. the licensee 3. the premises SIGNED BY:	license will be of the same has complied with all laws are now open for business and individual, Partner or Auth	s (If not explain	onwealth relating to tand the below)	
DATE:	TELEPHONE NUM	BER:		ENTIFICATION NUMBER:
Acts of 2004, signed b	attest that we are in poss y the building inspector tificate of liquor liability	and the head	of the fire departmen	nt for the above named
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:	1		By:	
DISAPPROVED: (If disapproved explain				
(11 disappioved explain	,			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 126400131		CITY OR TOWN TAUNT	ON	
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR	2013	
	CLASS		YEAR	
LICENSEE NAME: ATCI COR DOING BUSINESS A ADDRESS 48 BROADWAY	P			
CITY/TOWN: TAUNTON	STATE: MA	ZIP CODE: 02780		
			V. W	
MANAGER: AWAD, COPAL	TYPE OF LICENSE: Pac	ckage Store CATEGORY	Y: Wine and Malt Regular	
EMAIL ADDRESS:				
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED I	PREMISES:			
FULL SIZE CONVENIENCE ST	ORE			
I hereby certify and swear under p	enalties of perjury that:			
1. the renewed license wi	ll be of the same type for the	same premises now licensed;		
2. the licensee has comple	ied with all laws of the Com	monwealth relating to taxes; an	d	
3. the premises are now o	open for business (If not expl	ain below)		
SIGNED BY:				
Individual,	Partner or Authorized Corpo	orate Officer		
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUME		
		(Note: NOT Individual Social	al Security Number)	
Please Check Below:		LOCAL LICENSING AUT	HORITY	
APPROVED:		By:		
DISAPPROVED:		·		
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 126400132		CITY OR TOWN	TAUNTON	
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 2013	
		CLASS		YEA	AR
LICENSEE NAME:	YAMATO JAPAI	NESE STEAKHOUS	SE & SUSHI		
DOING BUSINESS	Α				
ADDRESS 278 WI	NTHROP STREET				
CITY/TOWN: TA	UNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: LAU	J, SUET TY	PE OF LICENSE: R	estaurant CA	ATEGORY: All	Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	ISES:			
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be of	f the same type for th	e same premises now	licensed;	
2. the licens	see has complied wit	h all laws of the Con	nmonwealth relating to	taxes; and	
3. the premi	ises are now open for	r business (If not exp	olain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TEI EDUO	NE NUMBER:	EMPLOYER	DENTIFICATION	NUMBER:
	TEEETHO	NE NOMBER.	(Note: NOT Ind	ividual Social Securit	y Number)
			he certificate require ad of the fire departr		
			required by Chapter		
Please Check Below:			LOCAL LICENS	ING AUTHORIT	ΓY
APPROVED:			By:	n vo mo mora.	
DISAPPROVED: [3 *		
(If disapproved expl	ain)		-		
DATE					
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 126400133		CITY OR TOWN	TAUNTON	N
APPLICATION FOR	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CODFATHER'S	SEAFOOD & MOR	E, LLC		
DOING BUSINESS	A				
ADDRESS 91 WEIR	R STREET				
CITY/TOWN: TAU	JNTON	STATE: MA	ZIP CODE:	02780	
MANAGER: GRA	CIA, MARY T	YPE OF LICENSE: R	Restaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUF	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
ONE STORY WOOD FEET, 600.	D BUILDING; TV	VO ENTRANCES AN	ND THREE EXITS; '	TOTAL SQU.	ARE
I hereby certify and s	wear under penalt	ies of perjury that:			
1. the renew	ed license will be	of the same type for the	ne same premises nov	w licensed;	
2. the license	ee has complied w	ith all laws of the Cor	nmonwealth relating	to taxes; and	
3. the premis	ses are now open f	or business (If not ex	plain below)		
SIGNED BY:	Individual, Partr	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEET II	or Erromber.	(Note: NOT In	ndividual Social S	Security Number)
Acts of 2004, signed	d by the building	re in possession (1) inspector and the hear liability insurance	ad of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	un)				
			·		
DATE:					